

# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))

Attorney Docket No. NEC 03008

First Inventor

Klock et al.

Title STRATEGY BASED SEARCH

Express Mail Label No.

EL-797704273 US EV333167885US

22141 US P 07/06/2003

100103

**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning design patent application contents.

1.  Fee Transmittal Form (e.g., PTO/SB/17)  
*(Submit an original and a duplicate for fee processing)*
2.  Applicant claims small entity status.  
See 37 CFR 1.27.
3.  Specification [Total Pages 42]  
*(preferred arrangement set forth below)*  
 - Descriptive title of the Invention  
 - Cross References to Related Applications  
 - Statement Regarding Fed sponsored R & D  
 - Reference to sequence listing, a table, or  
 a computer program listing appendix  
 - Background of the Invention  
 - Brief Summary of the Invention  
 - Brief Description of the Drawings (*if filed*)  
 - Detailed Description  
 - Claim(s)  
 - Abstract of the Disclosure
4.  Drawing(s) (35 U.S.C.113) [Total Sheets 6]
5. Oath or Declaration [Total Pages 4]  
 a.  Newly executed (original or copy)  
 b.  Copy from a prior application (37 CFR 1.63 (d))  
*(for a continuation/divisional with Box 18 completed)*  
 i.  **DELETION OF INVENTOR(S)**  
Signed statement attached deleting inventor(s)  
named in the prior application, see 37 CFR  
1.63(d)(2) and 1.33(b).
6.  Application Data Sheet. See 37 CFR 1.76

**ADDRESS TO**Assistant Commissioner for Patents  
Box Patent Application  
PO Box 1450  
Alexandria, VA 22313-11450

7.  CD-ROM or CD-R in duplicate, large table or  
Computer Program (*Appendix*)  
 8. Nucleotide and/or Amino Acid Sequence Submission  
*(if applicable, all necessary)*  
 a.  Computer Readable Form (CRF)  
 b. Specification Sequence Listing on:  
 i.  CD-ROM or CD-R (2 copies); or  
 ii.  paper number of pages  
 c.  Statements verifying identity of above copies

**ACCOMPANYING APPLICATIONS PARTS**

9.  Assignment Papers (cover sheet & document(s))  
 10.  37 C.F.R. §3.73(b)Statement  Combined Dec and  
*(when there is an assignee)* Power of Attorney (#5)
11.  English Translation Document (*if applicable*)  
 12.  Information Disclosure Statement (IDS)/PTO-1449  Copies of IDS  
Citations
13.  Preliminary Amendment
14.  Return Receipt Postcard (MPEP 503)  
*(Should be specifically itemized)*
15.  Certified Copy of Priority Document(s)  
*(if foreign priority is claimed)*
16.  Request and Certification under 35 U.S.C.  
122(b)(2)(B)(i). Applicant must attach form PTO/SB/35  
or its equivalent
17.  Other:

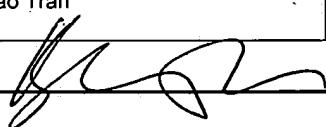
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment,  
or in an Application Data Sheet under 37 CFR 1.76: Continuation of prior application  Divisional  Continuation-in-part (CIP) Claims priority to 60/441,404For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied  
under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by  
reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.**19. CORRESPONDENCE ADDRESS** Customer Number or Bar Code Label

31688

or  Correspondence address below

(Insert Customer No. or Attach bar code label here)

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| Name (Print/Type) | Bao Tran  | Registration No. (Attorney/Agent) | 37,955                  |
| Signature         |  |                                   | Date September 30, 2003 |

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7439 U.S. PTO  
10/01/03

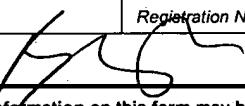
# FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 1,356)

| Complete If Known    |              |
|----------------------|--------------|
| Application Number   | N/A          |
| Filing Date          | 1/1/         |
| First Named Inventor | Klock et al. |
| Examiner Name        |              |
| Group Art Unit       |              |
| Attorney Docket No.  | NEC 03008    |

| METHOD OF PAYMENT   |                 |                |                    | FEE CALCULATION (continued)   |              |                |          |                |                 |                |                 |                    |          |      |                    |                    |    |                                     |         |   |    |     |    |  |                 |                |                 |                 |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |  |     |     |        |                                       |        |   |    |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |
|---|-----------------|----------------|--------------------|---|--------------|----------------|----------|----------------|-----------------|----------------|-----------------|--------------------|----------|------|--------------------|--------------------|----|-------------------------------------|---------|---|----|-----|----|--|-----------------|----------------|-----------------|-----------------|----------|---------------------------|----|-----|-------|------------------------|-------|--|----|-----|------|-----------------------------------|------|--|-----|-----|--------|---------------------------------------|--------|---|----|-----|-----|--|----|--|----|-----|-----|--|-----|---|--|-----|-----|-----|-----|--|--|-----|-------|-----|-----|---|--|-----|-------|-----|-----|--|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|--------------------------|--|-----|-------|-----|-------|---|--|-----|-----|-----|----|----------------------------------|--|-----|-------|-----|-----|------------------------------------|--|-----|-------|-----|-----|--------------------------------|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|-----------------|--|-----|-----|-----|-----|-------------------------------|--|-----|----|-----|----|---|--|-----|-----|-----|-----|---|--|-----|----|-----|----|--|----|-----|-----|-----|-----|---|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|---|--|---------------------|--|--|--|--|--|--|--|--|--|--|--|-----------------------------------|--|--|--|--|--|---------------------|--|--|--|--|--|--|--|--|--|--|--|
| <p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</p> <p>Deposit Account Number <input type="text" value="501861"/></p> <p>Deposit Account Name <input type="text" value="Bao Tran"/></p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> |                 |                |                    | <p>3. ADDITIONAL FEES</p> <table border="1"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td>For filing a request for reexamination</td><td></td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>116</td><td>390</td><td>216</td><td>195</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>117</td><td>890</td><td>217</td><td>445</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>118</td><td>1,390</td><td>218</td><td>695</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>128</td><td>1,890</td><td>228</td><td>945</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>119</td><td>310</td><td>219</td><td>155</td><td>Notice of Appeal</td><td></td></tr> <tr><td>120</td><td>310</td><td>220</td><td>155</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>121</td><td>270</td><td>221</td><td>135</td><td>Request for oral hearing</td><td></td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive – unavoidable</td><td></td></tr> <tr><td>141</td><td>1,240</td><td>241</td><td>620</td><td>Petition to revive – unintentional</td><td></td></tr> <tr><td>142</td><td>1,240</td><td>242</td><td>620</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>143</td><td>440</td><td>243</td><td>220</td><td>Design issue fee</td><td></td></tr> <tr><td>144</td><td>600</td><td>244</td><td>300</td><td>Plant issue fee</td><td></td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td><td>Petitions related to provisional applications</td><td></td></tr> <tr><td>126</td><td>180</td><td>126</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td>40</td></tr> <tr><td>146</td><td>710</td><td>246</td><td>355</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td></td></tr> <tr><td>149</td><td>710</td><td>249</td><td>355</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td><td></td></tr> <tr><td>179</td><td>710</td><td>279</td><td>355</td><td>Request for Continued Examination (RCE)</td><td></td></tr> <tr><td>169</td><td>900</td><td>169</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr> <tr><td colspan="6">Other fee (specify)</td></tr> <tr> <td colspan="6">The Commissioner is authorized to charge any additional fees to the above noted Deposit Account.</td></tr> <tr> <td colspan="6">*Reduced by Basic Filing Fee Paid</td></tr> <tr> <td colspan="6">SUBTOTAL (3) (\$40)</td></tr> <tr> <td colspan="6">**or number previously paid, if greater; For Reissues, see above</td></tr> </tbody> </table> |              |                |          | Large Fee Code | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) | Fee Description    | Fee Paid | 105  | 130                | 205                | 65 | Surcharge - late filing fee or oath |         | 127   | 50 | 227 | 25 | Surcharge - late provisional filing fee or cover sheet |                 | 139            | 130             | 139             | 130      | Non-English specification |    | 147 | 2,520 | 147                    | 2,520 | For filing a request for reexamination |    | 112 | 920* | 112                               | 920* | Requesting publication of SIR prior to Examiner action |     | 113 | 1,840* | 113                                   | 1,840* | Requesting publication of SIR after Examiner action |    | 115 | 110 | 215  | 55 | Extension for reply within first month |    | 116 | 390 | 216  | 195 | Extension for reply within second month |  | 117 | 890 | 217 | 445 | Extension for reply within third month |  | 118 | 1,390 | 218 | 695 | Extension for reply within fourth month |  | 128 | 1,890 | 228 | 945 | Extension for reply within fifth month |  | 119 | 310 | 219 | 155 | Notice of Appeal |  | 120 | 310 | 220 | 155 | Filing a brief in support of an appeal |  | 121 | 270 | 221 | 135 | Request for oral hearing |  | 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding |  | 140 | 110 | 240 | 55 | Petition to revive – unavoidable |  | 141 | 1,240 | 241 | 620 | Petition to revive – unintentional |  | 142 | 1,240 | 242 | 620 | Utility issue fee (or reissue) |  | 143 | 440 | 243 | 220 | Design issue fee |  | 144 | 600 | 244 | 300 | Plant issue fee |  | 122 | 130 | 122 | 130 | Petitions to the Commissioner |  | 123 | 50 | 123 | 50 | Petitions related to provisional applications |  | 126 | 180 | 126 | 180 | Submission of Information Disclosure Stmt |  | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) | 40 | 146 | 710 | 246 | 355 | Filing a submission after final rejection (37 CFR § 1.129(a)) |  | 149 | 710 | 249 | 355 | For each additional invention to be examined (37 CFR § 1.129(b)) |  | 179 | 710 | 279 | 355 | Request for Continued Examination (RCE) |  | 169 | 900 | 169 | 900 | Request for expedited examination of a design application |  | Other fee (specify) |  |  |  |  |  | The Commissioner is authorized to charge any additional fees to the above noted Deposit Account. |  |  |  |  |  | *Reduced by Basic Filing Fee Paid |  |  |  |  |  | SUBTOTAL (3) (\$40) |  |  |  |  |  | **or number previously paid, if greater; For Reissues, see above |  |  |  |  |  |
| Large Fee Code  | Entity Fee (\$) | Small Fee Code | Entity Fee (\$)    | Fee Description   | Fee Paid     |                |          |                |                 |                |                 |                    |          |      |                    |                    |    |                                     |         |   |    |     |    |  |                 |                |                 |                 |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |  |     |     |        |                                       |        |   |    |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |
| 105   | 130             | 205            | 65                 | Surcharge - late filing fee or oath   |              |                |          |                |                 |                |                 |                    |          |      |                    |                    |    |                                     |         |   |    |     |    |  |                 |                |                 |                 |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |  |     |     |        |                                       |        |   |    |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |
| 127   | 50              | 227            | 25                 | Surcharge - late provisional filing fee or cover sheet  |              |                |          |                |                 |                |                 |                    |          |      |                    |                    |    |                                     |         |   |    |     |    |  |                 |                |                 |                 |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |  |     |     |        |                                       |        |   |    |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |
| 139   | 130             | 139            | 130                | Non-English specification   |              |                |          |                |                 |                |                 |                    |          |      |                    |                    |    |                                     |         |   |    |     |    |  |                 |                |                 |                 |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |  |     |     |        |                                       |        |   |    |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |
| 147   | 2,520           | 147            | 2,520              | For filing a request for reexamination  |              |                |          |                |                 |                |                 |                    |          |      |                    |                    |    |                                     |         |   |    |     |    |  |                 |                |                 |                 |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |  |     |     |        |                                       |        |   |    |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |
| 112   | 920*            | 112            | 920*               | Requesting publication of SIR prior to Examiner action  |              |                |          |                |                 |                |                 |                    |          |      |                    |                    |    |                                     |         |   |    |     |    |  |                 |                |                 |                 |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |  |     |     |        |                                       |        |   |    |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |
| 113   | 1,840*          | 113            | 1,840*             | Requesting publication of SIR after Examiner action   |              |                |          |                |                 |                |                 |                    |          |      |                    |                    |    |                                     |         |   |    |     |    |  |                 |                |                 |                 |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |  |     |     |        |                                       |        |   |    |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |
| 115   | 110             | 215            | 55                 | Extension for reply within first month  |              |                |          |                |                 |                |                 |                    |          |      |                    |                    |    |                                     |         |   |    |     |    |  |                 |                |                 |                 |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |  |     |     |        |                                       |        |   |    |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |
| 116   | 390             | 216            | 195                | Extension for reply within second month   |              |                |          |                |                 |                |                 |                    |          |      |                    |                    |    |                                     |         |   |    |     |    |  |                 |                |                 |                 |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |  |     |     |        |                                       |        |   |    |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |
| 117   | 890             | 217            | 445                | Extension for reply within third month  |              |                |          |                |                 |                |                 |                    |          |      |                    |                    |    |                                     |         |   |    |     |    |  |                 |                |                 |                 |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |  |     |     |        |                                       |        |   |    |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |
| 118   | 1,390           | 218            | 695                | Extension for reply within fourth month   |              |                |          |                |                 |                |                 |                    |          |      |                    |                    |    |                                     |         |   |    |     |    |  |                 |                |                 |                 |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |  |     |     |        |                                       |        |   |    |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |
| 128   | 1,890           | 228            | 945                | Extension for reply within fifth month  |              |                |          |                |                 |                |                 |                    |          |      |                    |                    |    |                                     |         |   |    |     |    |  |                 |                |                 |                 |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |  |     |     |        |                                       |        |   |    |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |
| 119   | 310             | 219            | 155                | Notice of Appeal  |              |                |          |                |                 |                |                 |                    |          |      |                    |                    |    |                                     |         |   |    |     |    |  |                 |                |                 |                 |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |  |     |     |        |                                       |        |   |    |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |
| 120   | 310             | 220            | 155                | Filing a brief in support of an appeal  |              |                |          |                |                 |                |                 |                    |          |      |                    |                    |    |                                     |         |   |    |     |    |  |                 |                |                 |                 |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |  |     |     |        |                                       |        |   |    |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |
| 121   | 270             | 221            | 135                | Request for oral hearing  |              |                |          |                |                 |                |                 |                    |          |      |                    |                    |    |                                     |         |   |    |     |    |  |                 |                |                 |                 |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |  |     |     |        |                                       |        |   |    |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |
| 138   | 1,510           | 138            | 1,510              | Petition to institute a public use proceeding   |              |                |          |                |                 |                |                 |                    |          |      |                    |                    |    |                                     |         |   |    |     |    |  |                 |                |                 |                 |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |  |     |     |        |                                       |        |   |    |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |
| 140   | 110             | 240            | 55                 | Petition to revive – unavoidable  |              |                |          |                |                 |                |                 |                    |          |      |                    |                    |    |                                     |         |   |    |     |    |  |                 |                |                 |                 |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |  |     |     |        |                                       |        |   |    |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |
| 141   | 1,240           | 241            | 620                | Petition to revive – unintentional  |              |                |          |                |                 |                |                 |                    |          |      |                    |                    |    |                                     |         |   |    |     |    |  |                 |                |                 |                 |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |  |     |     |        |                                       |        |   |    |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |
| 142   | 1,240           | 242            | 620                | Utility issue fee (or reissue)  |              |                |          |                |                 |                |                 |                    |          |      |                    |                    |    |                                     |         |   |    |     |    |  |                 |                |                 |                 |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |  |     |     |        |                                       |        |   |    |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |
| 143   | 440             | 243            | 220                | Design issue fee  |              |                |          |                |                 |                |                 |                    |          |      |                    |                    |    |                                     |         |   |    |     |    |  |                 |                |                 |                 |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |  |     |     |        |                                       |        |   |    |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |
| 144   | 600             | 244            | 300                | Plant issue fee   |              |                |          |                |                 |                |                 |                    |          |      |                    |                    |    |                                     |         |   |    |     |    |  |                 |                |                 |                 |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |  |     |     |        |                                       |        |   |    |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |
| 122   | 130             | 122            | 130                | Petitions to the Commissioner   |              |                |          |                |                 |                |                 |                    |          |      |                    |                    |    |                                     |         |   |    |     |    |  |                 |                |                 |                 |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |  |     |     |        |                                       |        |   |    |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |
| 123   | 50              | 123            | 50                 | Petitions related to provisional applications   |              |                |          |                |                 |                |                 |                    |          |      |                    |                    |    |                                     |         |   |    |     |    |  |                 |                |                 |                 |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |  |     |     |        |                                       |        |   |    |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |
| 126   | 180             | 126            | 180                | Submission of Information Disclosure Stmt   |              |                |          |                |                 |                |                 |                    |          |      |                    |                    |    |                                     |         |   |    |     |    |  |                 |                |                 |                 |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |  |     |     |        |                                       |        |   |    |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |
| 581   | 40              | 581            | 40                 | Recording each patent assignment per property (times number of properties)  | 40           |                |          |                |                 |                |                 |                    |          |      |                    |                    |    |                                     |         |   |    |     |    |  |                 |                |                 |                 |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |  |     |     |        |                                       |        |   |    |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |
| 146   | 710             | 246            | 355                | Filing a submission after final rejection (37 CFR § 1.129(a))   |              |                |          |                |                 |                |                 |                    |          |      |                    |                    |    |                                     |         |   |    |     |    |  |                 |                |                 |                 |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |  |     |     |        |                                       |        |   |    |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |
| 149   | 710             | 249            | 355                | For each additional invention to be examined (37 CFR § 1.129(b))  |              |                |          |                |                 |                |                 |                    |          |      |                    |                    |    |                                     |         |   |    |     |    |  |                 |                |                 |                 |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |  |     |     |        |                                       |        |   |    |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |
| 179   | 710             | 279            | 355                | Request for Continued Examination (RCE)   |              |                |          |                |                 |                |                 |                    |          |      |                    |                    |    |                                     |         |   |    |     |    |  |                 |                |                 |                 |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |  |     |     |        |                                       |        |   |    |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |
| 169   | 900             | 169            | 900                | Request for expedited examination of a design application   |              |                |          |                |                 |                |                 |                    |          |      |                    |                    |    |                                     |         |   |    |     |    |  |                 |                |                 |                 |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |  |     |     |        |                                       |        |   |    |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |
| Other fee (specify)   |                 |                |                    |   |              |                |          |                |                 |                |                 |                    |          |      |                    |                    |    |                                     |         |   |    |     |    |  |                 |                |                 |                 |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |  |     |     |        |                                       |        |   |    |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |
| The Commissioner is authorized to charge any additional fees to the above noted Deposit Account.  |                 |                |                    |   |              |                |          |                |                 |                |                 |                    |          |      |                    |                    |    |                                     |         |   |    |     |    |  |                 |                |                 |                 |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |  |     |     |        |                                       |        |   |    |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |
| *Reduced by Basic Filing Fee Paid   |                 |                |                    |   |              |                |          |                |                 |                |                 |                    |          |      |                    |                    |    |                                     |         |   |    |     |    |  |                 |                |                 |                 |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |  |     |     |        |                                       |        |   |    |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |
| SUBTOTAL (3) (\$40)   |                 |                |                    |   |              |                |          |                |                 |                |                 |                    |          |      |                    |                    |    |                                     |         |   |    |     |    |  |                 |                |                 |                 |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |  |     |     |        |                                       |        |   |    |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |
| **or number previously paid, if greater; For Reissues, see above  |                 |                |                    |   |              |                |          |                |                 |                |                 |                    |          |      |                    |                    |    |                                     |         |   |    |     |    |  |                 |                |                 |                 |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |  |     |     |        |                                       |        |   |    |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |
| <p>2. EXTRA CLAIM FEES</p> <table border="1"> <thead> <tr> <th>Total Claims</th> <th>Extra Claims</th> <th>Fee from below</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>36</td><td>-20**</td><td>= 16</td><td>X \$18 = \$288</td></tr> <tr><td>Independent Claims</td><td>6</td><td>-3**</td><td>= 3 X \$86 = \$258</td></tr> <tr><td>Multiple Dependent</td><td></td><td></td><td>X = 546</td></tr> </tbody> </table>  |                 |                |                    | Total Claims  | Extra Claims | Fee from below | Fee Paid | 36             | -20**           | = 16           | X \$18 = \$288  | Independent Claims | 6        | -3** | = 3 X \$86 = \$258 | Multiple Dependent |    |                                     | X = 546 | <table border="1"> <thead> <tr> <th>Large Fee Code</th> <th>Entity Fee (\$)</th> <th>Small Fee Code</th> <th>Entity Fee (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>102</td><td>80</td><td>202</td><td>40</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>104</td><td>270</td><td>204</td><td>135</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>109</td><td>80</td><td>209</td><td>40</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> </tbody> </table> |    |     |    | Large Fee Code   | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) | Fee Description | Fee Paid | 103                       | 18 | 203 | 9     | Claims in excess of 20 |       | 102                                    | 80 | 202 | 40   | Independent claims in excess of 3 |      | 104  | 270 | 204 | 135    | Multiple dependent claim, if not paid |        | 109   | 80 | 209 | 40  | ** Reissue independent claims over original patent |    | 110                                    | 18 | 210 | 9   | ** Reissue claims in excess of 20 and over original patent |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |
| Total Claims  | Extra Claims    | Fee from below | Fee Paid           |   |              |                |          |                |                 |                |                 |                    |          |      |                    |                    |    |                                     |         |   |    |     |    |  |                 |                |                 |                 |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |  |     |     |        |                                       |        |   |    |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |
| 36  | -20**           | = 16           | X \$18 = \$288     |   |              |                |          |                |                 |                |                 |                    |          |      |                    |                    |    |                                     |         |   |    |     |    |  |                 |                |                 |                 |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |  |     |     |        |                                       |        |   |    |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |
| Independent Claims  | 6               | -3**           | = 3 X \$86 = \$258 |   |              |                |          |                |                 |                |                 |                    |          |      |                    |                    |    |                                     |         |   |    |     |    |  |                 |                |                 |                 |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |  |     |     |        |                                       |        |   |    |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |
| Multiple Dependent  |                 |                | X = 546            |   |              |                |          |                |                 |                |                 |                    |          |      |                    |                    |    |                                     |         |   |    |     |    |  |                 |                |                 |                 |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |  |     |     |        |                                       |        |   |    |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |
| Large Fee Code  | Entity Fee (\$) | Small Fee Code | Entity Fee (\$)    | Fee Description   | Fee Paid     |                |          |                |                 |                |                 |                    |          |      |                    |                    |    |                                     |         |   |    |     |    |  |                 |                |                 |                 |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |  |     |     |        |                                       |        |   |    |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |
| 103   | 18              | 203            | 9                  | Claims in excess of 20  |              |                |          |                |                 |                |                 |                    |          |      |                    |                    |    |                                     |         |   |    |     |    |  |                 |                |                 |                 |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |  |     |     |        |                                       |        |   |    |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |
| 102   | 80              | 202            | 40                 | Independent claims in excess of 3   |              |                |          |                |                 |                |                 |                    |          |      |                    |                    |    |                                     |         |   |    |     |    |  |                 |                |                 |                 |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |  |     |     |        |                                       |        |   |    |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |
| 104   | 270             | 204            | 135                | Multiple dependent claim, if not paid   |              |                |          |                |                 |                |                 |                    |          |      |                    |                    |    |                                     |         |   |    |     |    |  |                 |                |                 |                 |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |  |     |     |        |                                       |        |   |    |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |
| 109   | 80              | 209            | 40                 | ** Reissue independent claims over original patent  |              |                |          |                |                 |                |                 |                    |          |      |                    |                    |    |                                     |         |   |    |     |    |  |                 |                |                 |                 |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |  |     |     |        |                                       |        |   |    |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |
| 110   | 18              | 210            | 9                  | ** Reissue claims in excess of 20 and over original patent  |              |                |          |                |                 |                |                 |                    |          |      |                    |                    |    |                                     |         |   |    |     |    |  |                 |                |                 |                 |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |  |     |     |        |                                       |        |   |    |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |
| SUBTOTAL (2) (\$1,316)  |                 |                |                    |   |              |                |          |                |                 |                |                 |                    |          |      |                    |                    |    |                                     |         |   |    |     |    |  |                 |                |                 |                 |          |                           |    |     |       |                        |       |  |    |     |      |                                   |      |  |     |     |        |                                       |        |   |    |     |     |  |    |  |    |     |     |  |     |   |  |     |     |     |     |  |  |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |    |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |                     |  |  |  |  |  |  |  |  |  |  |  |                                   |  |  |  |  |  |                     |  |  |  |  |  |  |  |  |  |  |  |

| SUBMITTED BY      |   |                                   |        |           |              | Complete (if applicable) |  |
|-------------------|---|-----------------------------------|--------|-----------|--------------|--------------------------|--|
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| Signature         |  |                                   |        |           | Date         | December 31, 2002        |  |

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